

**Information Exchange Workgroup
Provider Directory Task Force
Draft Transcript
November 8, 2010**

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good afternoon, everybody, and welcome to the Information Exchange Workgroup Provider Directory Task Force. This is a call that will go from 2:00 to 3:30. Let me do a quick roll call, but also remind members of the Task Force to please identify yourself before speaking for attribution. Walter Suarez?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carl Dvorak?

Carl Dvorak – Epic Systems – EVP

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Paul Egerman? Seth Foldy? I know he dialed in.

Seth Foldy – Wisconsin – State Health Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes. Jonah Frohlich? I'm not sure he's coming today. Jim Golden? Dave Goetz? Hunt Blair? Steve Stack? Art Davidson? Sorin Davis?

Sorin Davis – CAQH – Managing Director, Universal Provider Data Source (UPD)

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Keith Hess? Sid Thornton?

Sid Thornton – Intermountain Healthcare – Senior Medical Informaticist

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Jonathon Jigotta is on for Lisa Robbins, right?

Jonathon Jigotta

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

JP Little? Micky Tripathi is dialing in late. Tim Andrews? Connie Delaney?

Connie Delaney – University of Minnesota School of Nursing – Dean

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Did I leave anyone off? Okay. With that I'll turn it over to Walter.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Welcome, everyone. Well, we are going to be spending this call and then our next call on November 12th, two upcoming calls of the Task Force, refining our recommendations back to the full Information Exchange Workgroup on entity level provider directories and so that's going to be our main focus over the next couple of calls. We hope that between the two calls and people coming to this one and maybe not being able to come to the other one or vice-versa we'll get a good consensus around the various areas where we want to provide recommendations to, again, the full Workgroup and then from there to the Policy Committee.

We've prepared some slides to facilitate this discussion and so let's just go through some of those and we'll be stopping and spending time in each of them discussing and gaining some consensus around some of the ideas there. So let's go to the next slide on the WebEx.

More specifically on the agenda, what we want to discuss and finalize are recommendations for entity level provider directories on these five areas. First of all, the users—we'll talk more about that, of course—the uses and the functionality of these directories; the content that we would recommend to include in the directories; the operating requirements and business models for implementing the directories and then the terminology to go along with it to help understand the concepts that we are describing around these provider directories. As I mentioned, we have two phone calls coming up, today and then November 12th of the Task Force and then we'll go with recommendations to the full Workgroup at the November 15th call and then from there to the full Policy Committee on November 19th.

Just to remind everyone, I'm sure you've seen this before and we've gone through it and we'll keep using it as a reminding of the framework, the full, proposed framework. This is our framework for understanding all of the different aspects of provider directories, entity level provider directories and then leaning to our recommendations. Users, you see basically the main element that I mentioned we want to come up with in terms of recommendation, users and uses, functionality, content, operating requirements and business model. All of those sort of wrap around recommendations addressing certain policy issues and policy actions. That's what we are going to continue using, again, as our framework.

Now we're really turning into the discussion around each of these, so we will have at least one or maybe a couple of slides on each of these topics and we'll stop and have a discussion about this and see if there are any reactions and refinements that we want to make or corrections that we want to make to any of these.

So the first one is with respect to the users. Who are the entities that will be expected to be included in these entity level provider directories? The general guidelines, if you will, for understanding and defining the recommendations here ... the first one is that we want to make sure that anyone that is involved in the exchange of patient health information is going to be able to be included in these provider directories. When we say anyone we mean any entity that is involved in that exchange. This probably includes submitters of that data, receivers of data, requesters of data, of patient level data of providers and then providers of patient health information, providers meaning those that provide the data to the requesters, so generally speaking ... various groups, entities that we will include.

One other general guideline we believe is going to be important is that the entities will be expected to abide by the Nationwide Health Information Exchange governance, guidelines and standards. This will be an expectation that we would recommend be imposed on those that are agreeing to be participating in these provider directories.

The types of entities: Well, we kind of organize them into some categories just to help cover probably all of those entities that are involved in these exchanges and that are involved in sending and receiving patient level data. First of all, healthcare provider organizations; these are the hospitals, clinics, nursing homes, pharmacies, labs and those types of entities that are healthcare provider organizations. The

second group would be other entities, other healthcare organizations, healthcare organizations such as health plans, public health agencies and others.

Thirdly would be health information organizations or organizations that are involved in health information exchanges, for example, regional health information exchange operators, the HIOs themselves. Health information service providers would be another group and then other organizations, such as, perhaps business associates or clearinghouses that are also involved in the exchange of ... health and information, whether direct submitters, receivers, requesters or providers

Then finally, with respect to the users, who we ... would not be included in these entity level directories would be, first of all, individuals, individual providers, such as clinicians or physicians or other individual healthcare providers, as they would be really the focus of the next level of provider directories, individual level provider directories. Certainly, patients would be out of bounds for this type of provider directory. Also entities generally that are not involved in the exchange of patient health information. This is really a way to exclude or to think of not including in this set of provider directories entities that have nothing to do with exchanges of basic health information.

So that's our first set of recommendations with respect to the users of these entity level provider directories. Let me stop there and see if there are any comments and reactions. Okay. No comments yet on this. Again, anyways, you'll certainly have some more time to digest and identify other possible points to comment on over the next several days.

Before we go to the next slide let me see, with respect to the type of entity, we have a couple of, in the other organizations, with some question marks; business consultants and clearinghouses, entities that certainly support and provide services to organizations like ... entities, healthcare providers. In many cases, receiving and exchanging patient levels of information. We thought it would be important to include them. Are there any reactions to those other types of organizations to include in these provider level directories, entity level provider directories?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Hello. I don't know if Paul Eggerman is on or Deven. Are either of them on?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Neither of the two are on at this time.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

... okay. So I guess I would just, on the Privacy and Security Tiger Team this morning we had a sort of lengthy conversation where we're dealing with the question of security credentials at the entity level and so this is obviously an overlap there and sort of a complementary set of discussions. The question of which entities are we thinking about applying the security credential policies to came up there, so we can wait until they sort of document that conversation, but we should at least be cognizant of exactly where that conversation ended up and also see where there are direct connections that we want to make sure we're completely aligned. That's just one general point.

One point that did come up—and again, we can see how they document this—but there was a specific conversation about including people in a credentialing framework, including entities in the credentialing framework, who may not have electronic health records. What I got from the discussion was that we want to be expansive and include those in that conversation. That may have implications for how we think about provider directories as well. Those can be separate, but I think we do want to be very cognizant of where they are on that.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Great point, Micky. Yes. Absolutely we should make note of those. Okay. Maybe we can go perhaps to the next slide? The next slide and the next few slides talk about the uses and the functionality. This will also be familiar to most of you, all of you. This certainly are the recommendations that we have been arguing over the last several calls with respect to what is it that these entity level provider directories will

support. There are basically four major functional capabilities or expectations that they will provide. First of all, they will support direct exchanges that receive, as well as query, retrieval.

They will provide basic discoverability of entity. They will also provide discoverability of information exchange capabilities, such as the kind of messaging standards that entities will be capable of exchanging. They will provide basic discoverability of entities security credentials and other peripheral ... my point with specific technologies I'll just use as an example. Those are sort of the four basic functional capabilities that we are recommending at this level of entity level provider directories to be able to support. Again, the assumptions that we have used in the past or that are important to point out as we describe the functionality is that message centers will know where the message is going to go or needs to go, but they may not know the exact address of a recipient, an intended recipient.

Messages can also or are expected to also be able to be sent over the Internet using standard Internet protocols and addressing mechanisms and then that there will be a message security carried over the agreed upon mechanisms. We use as an example PKI, but in reality the actual security standards and mechanisms are really not to be dictated by the directory certainly, but the information about those security standards and security mechanisms will be important to include in the directories.

There are other groups ... have heard in the past that are working on the issue of secure transport and securing the exchange of information and authenticating the exchangers of the information, the submitter and the recipient. So those are things that the directory will not dictate that certainly the information decided upon those will be valuable to include in the directory.

Then with respect to the uses, the next few slides we're not going to go in detail over those, because we had a very good discussion last week on each of those. The uses, we are basically presenting them in the form of various use cases or examples of how provider directories, entity level provider directories, will support exchanges.

Let me stop there and see if there are any questions about this particular slide at this point.

Seth Foldy – Wisconsin – State Health Officer

In terms of discoverability, since presumably entities will be routing information to individuals within them, is there some understanding that entities might list the individuals living at their entity address such that in some ways a little bit like their information exchange capability, if I want to use this entity to get information to individual X I can discover that this a reasonable way to do so?

Claudia

I think, Seth, we had made an early decision in the Task Force that we would tackle entity level discoverability in this phase and move next to looking at the individual level discoverability.

Seth Foldy – Wisconsin – State Health Officer

So you want to hold that for the next—?

Claudia

Phase. Yes.

Seth Foldy – Wisconsin – State Health Officer

Okay. Very good. I just wanted to make sure.

Claudia

... and then move into that.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes and I think it will be important to probably point to the relationships that these two directories might have, but yes. In general I think the discussion about individual level discoverability and characteristics of individuals will all be reserved for the next discussion, the next level discussion.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right. While we're on the topic I was going to mention at the end as just an FYI for everyone, but since we're on the topic, John Halamka's blog tomorrow is going to have a pretty lengthy discussion about provider directories, individual level provider directories in particular, and he's going to be putting like the NHIN provider directory scheme on some other things that he's sort of dug around and gotten. So it's going to be an interesting read for everyone.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

We'll make sure to distribute the link to everyone. I think that's very valuable. Okay. Well, let's just go through very briefly over the next few slides. The next slide shows the first example of a use case. If we can move to the next slide on the screen? There you go. Thank you.

So again, this is the same slide we presented before I think at the Information Exchange Workgroup last week. We have cleaned it up and edited a few texts, a few statements, but generally speaking they are the same as the ones we presented before. For those that weren't able to make it to the Information Exchange Workgroup, what we did was we highlighted, identified six different scenarios and then described on the right of the table the value the entity level directory would provide.

This first scenario is basically an exchange of orders, clinical lab orders between a clinician and a clinic and then a laboratory and the lab sending back the results. This question of provider entity level, provider directory functionality basically points to how the clinic X will use a provider directory to identify this organization level address of the lab and then other information exchange features that are supported by the lab, including the forms that are supported for the message, the security, credentials, locations and things like that. Generally speaking, also, the actual detailed information about things like a patient or the individual provider will go inside the header of the message or inside the actual message itself. That's generally the way we are describing the use, the value of these entity level directories.

So again, rather than going through detail on these slides we'll just walk through very briefly the next slide. Whenever anyone has any questions at any point—

M

Just one very quick one. When we talked the fourth bullet from the bottom on the right, lab sends results, the third bullet, to a non-ordering provider, let's use the term entity there. Provider I think is confusing and entity might refer, for example, to public health.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Great point. In fact, we should probably be mindful of using that entity word more consistently across the descriptions to avoid any confusion of people going down to the individual provider. That's a very good comment.

The next slide shows a couple of additional scenarios. One of them is at the top, the clinician or the clinic, the primary care clinic sending a patient summary to a specialist for a referral and then, again, on the right-hand side you'll see a very similar way of describing consistently how in this case the clinic will use the provider directory to find the appropriate address of the specialty clinic to send the information to. Again, the patient information and the specialist information, the information about the individual specialist will go inside a message, so it's primarily being used to route the message to the appropriate clinic and the appropriate patient of that clinic.

In the scenario at the bottom of the slide it talks about a hospital discharge summary being sent or any hospital summary. We've got to be also careful; and I forgot to modify this slide; to change the term discharge summary with hospital summaries. There is a different connotation of the term discharge summary that gets confusing. So we'll fix that, but the idea is that any summary of any hospital event, whether it's an emergency visit, inpatient procedure, surgical procedure, surgical report or a summary of an inpatient encounter, in any of those the case is the same; the hospital will need to send that to a clinic, the primary care clinic where the patient's medical record is and the patient's primary care provider

practice is. Similarly, here the entity level directory will be used to identify, again, the address. The hospital will be able to use it to identify the right address of the clinic where they need to send the information to.

Through the entity level provider directory we will be also able to identify the information exchange capabilities or features that are supported by this clinic that will receive the message. So they will be able to determine whether the entity will be able to receive a CDA or a CCR or which version, if you will, of an HL-7 ... support, those kinds of things.

The next slide talks about two additional examples. The top is an example of a case where a hospital in, say, Florida needs to request data from a hospital in, say, Boston. The patient is visiting Florida and has an emergency and so the hospital in Florida needs to find out more information about the patient from the hospital in Boston. Here again, the directory will provide that support of identifying and finding the right address for that hospital to submit a query of the patient information. Then the hospital in Boston will be able to use the directory to discover the location of the security credential of the hospital that is requesting the message or the data and then be able to determine if it's appropriate to send the information based on that. Certainly, the format of the message itself, whether it's CCD or CCR or those kinds of features or characteristics of the exchange will also be able to be discovered through the use of this entity level provider directory.

The example at the bottom in this case is a primary care provider that wants to refer a patient to a specialist or do a diagnostic test. They have multiple choices of where to send the patient and so with input from the patient in this case, for example, the primary care provider will be able to search the directory for which of the locations the patient preferred him or her to be referred to. Then the message with the information will be able to be sent to that specific location.

Then the last example, in the next slide, is an example of public health exchange. Can we move to the next slide?

Tim Andrews

I have a quick question that occurred to me on rereading this. I know I heard Paul wasn't on the call. I don't know if Carl is on the call, because that one about the patient in Florida came, I think, from the discussion we had with them. As I thought more about it it did strike me and I'm not sure I understand that one, because if you ask a patient where have you been treated that's not really typically what the emergency room guy wants to know, because unless that provider has access to all of the records everywhere he's going to get some potentially quite limited subset, so I understand sort of the logic of saying you were treated at St. Luke's or Beth Israel or Cedars-Sinai or whatever and then I can connect to them and get something, but in fact, it struck me that this was much more of a patient identity issue where what I really want to do, if I'm in the emergency room, is say get me all of the med records for this patient so ... or get me all of the relative summary records. I'm not going to know that even if I know an important provider that they've done business with.

Do you understand what I'm saying?

Carl Dvorak – Epic Systems – EVP

I am on. I think what you're doing is adding like a record locator service, which may be a next level up feature involved in HIE, but I think the first use case is still valid. We see that happen in production quite a bit. Patients generally, who use that health system can generally just say I'm seen at the Allina Health System in Minneapolis and it pulls enough to be super helpful. If they are seen at a couple of places they might mention them both and do a pull from each.

Tim Andrews

Thank you.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Thank you, Carl. Okay. So this next slide, number nine, shows the last couple of examples. One is a public health request for data from providers. In this case a public health agency needs to obtain additional information or notation from a provider, a clinic or hospital to support some specific public health function or activity so that a public health agency will be able to send a query and receive the data back and the directory will support entity level provider directory. They will be able to support the identification of the right address to send this query for the public health agency to send a query to the right clinic or hospital.

Then at the bottom is another example, an exchange that includes a provider in one particular regional health information exchange that needs to send data, clinical information, to a provider that is in a different regional health information organization. So in this case the health information organization of the provider that is sending the data will be able to, using the entity level provider directory, search and identify the address of the provider that is in the other health information organization space or area and then be able to establish that connection for the exchange to happen.

So those were the six examples that we used and have used and have been documenting. I think when presented in a way of specific examples and how the actual entity level directory supports those it creates sort of a much more clear understanding of both, the need and the value of this entity level directory.

Any questions about those scenarios and the values?

Art Davidson – Public Health Informatics at Denver Public Health – Director

I don't know who the last commenter was, but I wondered if in that last comment there should be another bullet in the HIO-to-HIO routing, which is about querying based on a patient. We have that in the public health scenario. We kind of speak to query, requesting information about a patient. I wondered if it's somehow embedded in this last box that there should be a query bullet as well.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Unless, Art, I think it might apply more specifically to the scenario in the previous slide. If we move to the previous slide and look at the scenario that talked about the hospital in one region seeking data about a patient—

Art Davidson – Public Health Informatics at Denver Public Health – Director

Right. I know. I agree that's one way of looking at it, but I think the comment that preceded mine spoke more to the record locator service.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Oh, I see your point about the record locator service for this last scenario. Well, this particular scenario, this particular HIO-to-HIO is more a scenario that tries to demonstrate the need to exchange. I think clinics know that they need to send this data to this other clinic, but it's in a different HIO area and they don't know the address. So it's not necessarily driven by the individual patient, if you will, but it's driven by which is the location and which is the address of the clinic they need to send this information to.

There could be an additional scenario in which the driver is I'm looking for information of a patient that we know is in this HIO and so we need to send a query to the HIO. The HIO can use a record locator service type of technology to search within that HIO to see who has information about that patient and then post a query to those entities.

That would be a different type of scenario, a variance of this scenario. We could add that to it, yes, but the utility that it would be demonstrating is really the utility that depends on record locator service functionality, which is not something we're specifically driving towards with this entity level provider directory center.

Art Davidson – Public Health Informatics at Denver Public Health – Director

Thank you. I mean I guess we could also say explicitly in the general functional capabilities that it is not inclusive of record locator services, you know?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes.

Art Davidson – Public Health Informatics at Denver Public Health – Director

We could just make that clear that this pass through is not going to try to deal with that in your initial slides.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

In the initial slides about the functionality we could clarify in the assumptions that—

Art Davidson – Public Health Informatics at Denver Public Health – Director

You know, I asked that. The previous commenter asked that. Maybe we should just state we're not going there with this round.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Any other questions about the scenarios?

Tim Andrews

It does raise the interesting question though in terms of the entity directory; I hadn't really thought about this before; so are we assuming that there are entities that the HIO knows about but the entity directory doesn't know about and so we could get their addresses by talking to the HIO? I'm a little confused now, because if there are other entities they should be in the entity directory shouldn't they?

W

But isn't one possibility that; and we'll talk about this; we have envisioned a federated model where different bodies may hold their own version of the entity directory that can be federated so the ... HIO could be one of those nodes?

Tim Andrews

Well, it can federate the storage. That's just fine, but we wouldn't write that at this level, at a policy level. That's sort of a technical architecture decision. At the policy level I guess I'm not sure what you would get back from the HIO. What are you asking it for?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Well, I think the possibility is that the HIO will be maintaining a provider directory of their entities, right? And would be able to provide the information about those entities that are in their HIO space.

(Interference on line.)

Tim Andrews

... in their directories

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

I'm sorry. You're breaking—

Carl Dvorak – Epic Systems – EVP

Walter, in the HIO-to-HIO routing I think the text in the valued entity level directory, we might want to change that. I thought the scenario here was that an HIO could really be an entity in the directory and; therefore, you might say please contact the Greater Cincinnati Health Record Data Bank. That's where I get—

Tim Andrews

Right. That's what I thought too.

Carl Dvorak – Epic Systems – EVP

Yes. So I think the text where it talks about using the entity level directory to search the organization's address of the provider HIO, I think it kind of confuses them to that provider realm again when it didn't mean to. I think we might simply word it HIO X uses entity level directory to gain an address of HIO Y in order to forward a message to them.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Okay. I see the point. Yes.

Claudia

I guess taking it outside of that use case for a minute, I think though somewhere in our ecosystem we want a mapping of an entity provider organization to that HIO. I think that we don't have to talk about that particular use case right now, but we might want to know that if you need to get something to me you can go through this addressing through this HIO. Do you know what I'm saying?

Carl Dvorak – Epic Systems – EVP

Yes. That may very well fall from that I think.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

The question is though if I am trying to send a message to a provider in the HIO Y that's described in the scenario, if I send a message to HIO Y, not to the provider inside HIO Y, would then the HIO Y forward a message to the provider I intend it to?

Carl Dvorak – Epic Systems – EVP

I think it depends. I think it depends on the model of HIE that's being deployed. I think what it would do is you have an entity level entry that said it was a clinical practice and that directory would actually probably point to an HIE server gateway and your messages would flow through that HIE server gateway. So it would basically be an entity listing for the provider group and the address would point to a gateway that really was the HIO or the HIE.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

So maybe this version of the scenario needs to be changed as well; rather than describing it as a provider that's part of a regional HIO, just say HIO X needs to send clinical information to HIO Y. They just don't know the address. Or maybe a provider in HIO X needs to send information to HIO—

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right. I think that this actually is a little more complicated. I think, Walter, it seems like you made it structurally and sort of at the same level or the same layer as we have these others, meaning entity level, and it is an HIO wants to find the address of the other HIO and send it, but the question is right now, since HIOs aren't kind of mature as business entities what are the circumstances in which you would want to do that when you didn't already know who the underlying clinical entities were and presumably, those entities are already in the directory, so you could send directly to them? But it seems like to keep it consistent I agree with Carl and Tim; that just keeping it at that entity level, HIO-to-HIO makes sense and calling the HIO the entity in this case.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

So just modify the description of the scenario, as well as the description of the use? The description of the scenario is that provider inside that HIO.

Carl Dvorak – Epic Systems – EVP

Right. I think that's correct, Walter.

Tim Andrews

... want to modify that to not refer to the provider inside the HIO. Yes.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Okay. I think that makes sense. Yes. I'm making those changes as we describe them here. All right. I think I've got it now. All right. Any other questions about this use case?

Great. Let's go to the next slide, which now we're switching and then turning the attention to content. So in our previous call of the full Workgroup we touched on this and described a few things. So here is how we are basically framing the recommendations:

First of all, a few general guidelines: First of all, focus on content that is needed to make entity level provider directory functionality executable and valuable and so limit that content to those things that are absolutely needed for those purposes and try to also limit the content on data that is not frequently needed to be updated. In those cases it's best to provide a pointer to where the data that is frequently updated is going to be found rather than including the actual data in the provider directory, because that would require a lot more maintenance work, external maintenance work, if you will, external meaning the entity that is listed, having to modify the data periodically rather than providing a pointer to where this data that changes periodically can be found. So those are some general guidelines.

The categories of information that we are recommending to include are three basically; entity "demographics," and identification information, such as name, addresses, other familial names, human level contact for the entity. Then information exchange services supported by the entity, for example, relevant domains, protocols and standards supported for information exchange, such as SMTP or REST for transport or CCD, CDA, CCR, HL-7 ... for the standard messaging. Again, here the possibility is to provide a pointer to having the directory a pointer to where this information might be available, whether that maintaining it centrally in a directory and having to update that periodically. Addresses for different protocols and this last concept, a general inbox location if applicable for message drop-off. So those would be the information exchange services. We'll stop in a minute to get feedback and discuss a few of these items.

Then the last category is information about security, so basic information about the security credentials, the type and location of credentials or authentication purposes or other relevant security information. So those are the categories of information we're recommending to include in this entity level provider directory.

Let me stop there and see if there are any questions or comments to this.

Art Davidson – Public Health Informatics at Denver Public Health – Director

It looks like a very complete list. I don't know whether we want to just dump out the individual level provider directory that would live within this as well as an exchange service yet to be defined.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

You mean including here for each entity level entry some information that will link back to the individual provider directory? Is that what you're—?

Art Davidson – Public Health Informatics at Denver Public Health – Director

At some point, I think in the earlier discussion this assumption that individuals be able to be identified through their entity level provider directories, I thought I heard that. Maybe I—

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

That's an interesting point. Yes. I think there is the pointer from the individual level provider directory to the entity, right? So I'm Dr. Smith and I practice in these locations and then those locations can have a link back to the respective entity on the entity level provider directory.

Tim Andrews

Yes. In fact, that's the model we used in the original plan for California. It was up to them, but if they wanted to they could provide a link and publish their directories.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. No, the question is whether the reverse could be executed. In other words, I'm clinic X and here is all of my data, my name and my address and all of this other information that is listed in this slide and whether we would have a list of individual providers as an entry, because in many respects that would probably change periodically or whether we would have more of a pointer to where that information is, which in general is the first sub-bullet under information exchange services, the relevant domains. Perhaps a Web site entry is what one could have here if we needed to have something.

I'm not sure about that. What do other people think? Is that something—?

Carl Dvorak – Epic Systems – EVP

I think I agree with Tim on this one. It's probably wiser for whatever provider directory structure we come to to point backwards into the entity rather than try to have it and maintain an ME directory that points forward to the plethora of providers that might be involved, because I do think we'll see difficulty in maintaining that and keeping that up to date and keeping it in synch with the others.

Tim Andrews

Yes. The other issue is a lot of them have data use issues, so they will allow you access provided you signed agreements and you call their service, because they could authenticate you again or do whatever they want if you're forced to call their service. But if you ask them will you publish your entries and maintain them into some separate database, most of them aren't too hot on that idea.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. Art, I mean that's probably as close as we could get to—

Art Davidson – Public Health Informatics at Denver Public Health – Director

Yes. I know sometimes there are queries for information that takes a little while to find. The patient may know the doctor, but not know the institution.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Exactly, so they go to the individual level provider directory and in there they will find the various institutions; the individual provider practices and that will link back to this.

Art Davidson – Public Health Informatics at Denver Public Health – Director

Right. And then sometimes they may know the institution where an operation was performed, but can't remember the provider.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. That's the one where ... will be probably more of a Web search ... like going to the Web site of that entity to see the providers that practice there.

Art Davidson – Public Health Informatics at Denver Public Health – Director

I believe we can pass on this now. It just seems like at some point you may need to go through the entity to find who the provider was for something.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes.

Art Davidson – Public Health Informatics at Denver Public Health – Director

I mean some of the entities – I think there was some comment earlier about non-EHR environments. What happens if a medical society decides to become an entity? They have no data. They just are providing the entity level provider directory to the Web.

M

I'm wondering if we shouldn't go back to Art's original statement, which is simply to provide a stub for an entity to mount an individual directory if and when appropriate.

Art Davidson – Public Health Informatics at Denver Public Health – Director

Right. Just leave it stubbed out there. Right. I'm not really trying to push hard on making us figure out this now; it's just that maybe even just a question mark. Is that valuable or not?

Carl Dvorak – Epic Systems – EVP

Art, your thought is to have in the entity level directory more or less a pointer to a local provider directory for that entity should one want to follow that link and try to peruse it?

Art Davidson – Public Health Informatics at Denver Public Health – Director

Yes, if there was some reason to do that. Right.

Carl Dvorak – Epic Systems – EVP

Would it hurt? I mean if at the next level when people tackle the provider directory question if that could be standardized then you could basically create a pointer to some sort of Web service that would yield back to either set of search functions or a listing of providers if you wanted.

Art Davidson – Public Health Informatics at Denver Public Health – Director

Right and certainly we would be looking for a standardized method here, yes.

Carl Dvorak – Epic Systems – EVP

So it probably wouldn't be a bad idea to stub it out for the future. I think you'd want to wait until after resolving all of the provider directory entity issues—

Art Davidson – Public Health Informatics at Denver Public Health – Director

Right.

Carl Dvorak – Epic Systems – EVP

And create the standard thing you could point to from an entity level directory.

Art Davidson – Public Health Informatics at Denver Public Health – Director

That sounds good.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Okay. I'll make a notation of that.

W

I think that was one. I mean it's interesting if we think about forwarding these recommendations to the Policy Committee and then to the Standards Committee. We may want to be pretty fairly ... from a policy standpoint about what problems we think need to get solved from a standards perspective. I actually think that's one that's very consistent with some of the recommendations we've seen and taken forward, like in the ... work. It's a Web services approach and pointers and allowing things to be distributed. So I actually think this is a good one to tee up for them even as they tackle some of the other issues we've asked them to tackle.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Okay. All right. I made some notations on this slide to make sure that we capture those thoughts. Any other questions about this slide on the content recommendations? Okay.

Let's go to the next slide. On this next slide we talk about the business models and so let me describe it and then we can open it up for comment and reaction. Some of the general guidelines that we thought to

include would be that the business model, we need to support national scalability, as well as harmonization and interoperability across various localities and regions and states in the context of this HIE and HIOs. So it's sort of that the business model will have to be able to be scalable, scale out in terms of going national.

The second one would be the business model will need to provide flexibility to accommodate for various HIE approaches. Some might have a ... locator service. Some might have other mechanisms to handle queries, requests or identification of participants. So we'll have to consider some flexibility around that.

Then the governance, which is ultimately being defined by our Governance Workgroup within the Policy Committee, will certainly need to follow that context of the overall governance being ... by that group. So we're really not touching on governance questions at this point, but narrowly pointing to a specific recommendation of the business model. Then the maintenance responsibility will be pushed to the end user participant at the end. The responsibility of maintaining this data inside the directory will be done by this end user.

So the possible business model and operating approach will be this one. It will be an Internet-like model, basically nationally coordinated and with a federated approach in which there will be a number of certified registrars, basically registrars that are registered or certified to receive a process, accept, edit out entities. They will be following some national guidelines implementing that process of accepting, validating and incorporating entities and guidelines about the addressing of these entities.

There will be a registrant reciprocity, meaning basically entities registered by one registrar will be recognized across the system. Then the ELDTs and this might be something to discuss, the entity level provider directories would be maintained by these registrars and cross referenced to a national system, similar to the DNS.

That's our possible role of the federal government, well, certainly the national standardization and harmonization guidelines will be clearly one's responsibility for the federal government. Some agencies within the federal government could serve and become registrars themselves, like Medicare perhaps or the VA or some of the others.

Then some of the information can build on existing national and federal tools, like PECOS, NPPEs, NLR and others. For those that might not know, PECOS is a Medicare provider enrollment system that has basically all of the providers that are individual and entity providers that are part of the Medicare system. NPPEs is a National Provider and Payer Enumeration System, which ... is being used to enumerate individual and entity level providers. NLR is a national registration system that is being developed for the meaningful use Medicare; I believe that's the one; the meaningful use Medicare and Medicaid programs.

That would be the approach. Let me stop there and see what are some of the comments and reactions to this recommended approach.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

I think this is just another one where we just want to sort of stay cognizant of where the Privacy and Security Tiger Team is and maybe after this next round we can have an off-line meeting with the co-chairs of that workgroup just to sort of get alignment here. Because, for example, this morning we had a call, which was very similar to this, but related to certificate authority and certificate management. So you could imagine, for example, a lot of the conversation there were a lot of the same kinds of things here.

There may be ways of thinking about how, depending on how much responsibility you put on the registrars or the entities that are responsible for issuing certificates, that would mean that you could sort of piggyback some of the national directory or entity level directory kinds of responsibilities on the issuance of a certificate or vice-versa. If they try to sort of draw that back and then say we would like to piggyback a certain amount of what a certificate issuing authority might need to validate about the validity of a particular practice or entity that wants to get a certificate. You could imagine them piggybacking on

business rules or sort of validation rules that are created for the directory. I think there's a balance there that we want to strike and remain cognizant of. I don't know if that was clear, what I just said.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. No. That's a great point. I was making notes of those. It's interesting. I mean we certainly do overlap quite a bit with the Security and Privacy Tiger Team, particularly as it relates to the authentication part and other things about certificates, the issuance of certificate administration. I think this in no way is intended to contradict anything that you have said, Micky, but my sense was that the provider directories would be used or would focus on discovering primarily where the certificate is and what kinds of security credentials are being used and then if a certificate, for example, for PKI approaches then where those certificates are so that then a whole authentication process can be executed outside of the provider directory itself.

Clearly, we have instances where a certificate issuing authority would be seen also as potentially the entity maintaining a provider directory. I mean they have to maintain those kinds of directories to be able to use those to identify in the entities and authenticate them. So it is a very valid point about making sure that we coordinate with the Privacy and Security Tiger Team on this approach.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes, because I think we're going to get to the question of who is allowed to publish on an entity level directory and what kind of validation would we want to sort of require. Let's say that they're licensed. You could imagine there's a whole sort of list of things that you could go down. That was exactly the same conversation that we had on the Privacy and Security Tiger Team where there was this question of, well, I'm going to issue a security credential. How much validation do I need about is that a viable clinical entity? Are they licensed? Which, interestingly, there were mixed views on whether you had to be licensed in order to be issued security credentials. There were a couple of other questions that were really related to how much validation would a credential issuing and management entity need to conduct.

It just occurred to me in listening to that conversation that the more validation that they required just for issuing a security credential, the more that the creation of an entity level directory could completely piggyback on those efforts or have 80% of the effort done about validation of whatever entities are allowed to publish on this directory because the credentialing process took care of a whole bunch more than at least I was thinking that they were going to or that they were thinking of.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. Exactly. Well, I'm very glad that you are and maybe a few others, a part of those discussions with the—

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Paul and Deven are the co-chairs, so I think we're covered in terms of people on both sides.

Art Davidson – Public Health Informatics at Denver Public Health – Director

Walter, I think Micky makes a good point. I wonder if we would want to maybe explicitly state that back in the general guidelines. Maybe this fits under the governance point, but—Micky correct me—if we're talking about the overall ONC governance efforts or something along the line of the Tiger Team. Should that be kind of called out there so that no one thinks that we're trying to create something separate?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. I agree.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

With respect to that point, Art, I think there is a governance group working on governance. There is the Privacy and Security Tiger Team working on the access of authentication, which certainly relates quite a bit to governance. Then there's our group working on provider directory that also relates to governance.

Art Davidson – Public Health Informatics at Denver Public Health – Director

Right.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

So I think we will have to do a lot of coordination across these three groups to ensure that there is a consistent approach on how governance is being seen, because certainly, the governance group is working on over arching governance across the Nationwide Health Information Network. It's only a part of that and we need to plug it in appropriately with respect to how governance is handled across the board.

Art Davidson – Public Health Informatics at Denver Public Health – Director

So maybe a little work on that. It could be just an e.g., the Privacy and Security Tiger Team or something where we just are clear that that's a place where we recognize there's opportunity for overlap and maybe, as Micky was saying, leveraging the investment of one group towards another.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. I'm making those notes. Okay. You know, I'm going to ask if we can go back just one slide, because I forgot we should point to one question that actually Micky had. It's with respect to information exchange services and the last item in there, which is a general inbox location, if applicable. I neglected to point out that this is one of the possibilities of information. So if I'm a provider participating in an exchange one of the things that some of the HIEs are looking at is that each of those entities will have a server, if you will, a machine that will be sitting on the edge of the organization and will be the place where messages coming through the HIE will be dropped. Whether it's a query, whether it's a message to be incorporated or a message with some clinical information to be incorporated into the appropriate place inside the organization, those kinds of things. So the question becomes whether there is a policy recommendation to be made that organizations participating in HIEs or just organizations that are doing these information exchanges should have an alter, just kind of a general inbox location for message drop off. That's something that we should consider making a recommendation as part of our overall recommendations on provider directories.

I mean, just to give an example, I know in Maryland in the Maryland HIE that is one of the approaches being used for all of the entities participating in the HIEs would have this type of edge server that will be the one receiving the messages, where the message drop offs will happen. I think there are a number of other HIEs that are using similar approaches.

Carl Dvorak – Epic Systems – EVP

Walter, I think that's a good thing to have, but it's not really part of a provider directory. I think that would be more detailed out by the standards group or part of a definition of what are the required healthcare transactions and support features for those transactions. I think it's a good thing, but I'm not sure it would be defined into the provider directory. I think you'd look up who the entity was and then based on whatever transactions and protocols we agree upon at that next layer, then you'd be able to count on that.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Okay. Yes. I think it is part of possible recommended mechanisms for information exchange in general, but they're not driven by the provider directory. The provider directory will include information about that if applicable, if they have it, if it's being used, but there's a much larger question of recommendation. Since we are an Information Exchange Workgroup it might fit into some other level of recommendations, perhaps, but maybe not necessarily within the context of a provider directory—

Carl Dvorak – Epic Systems – EVP

Exactly. Agreed.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Well, let's see. One point I want to make as well; we will have our conference call on the 12th of this Task Force to basically revisit this and make sure that we have all of our recommendations lined up appropriately with all of the feedback that we got today, so we'll have a chance to review it again. Certainly, you'll have a chance to have a few more days with the materials to go over it and see if you find anything else worth commenting on or suggesting any additional changes. That's certainly something we'll be doing next.

The next slide, slide number 11 or 12 I should say: Here what we wanted to just highlight is that we have mentioned this in the past. One of the things we want to provide along with our recommendations is a set of sort of basic common terminology so that everybody understands what a provider directory means, the definition, if you will, of a provider directory. What are the definitions of several terms that we use, things like routing and sender and receiver and security credentials and discoverability and things like that? So we are building that basic terminology and I think we will have a chance to review that at the next call or before the next call send it to people.

We believe, as is noted at the bottom, that it's important to have these definitions be described in the context in which they are being used, so a simple definition of provider directory might be helpful, but might be too removed from the context in which we're using it and so it might not be as helpful as if we describe it within the context. So we're working on documenting the description of these terms and the definitions of these terms within that context. We're intending to provide that as a reference document for our next call just to sort of complete the cycle of the material that we want to send to the full Workgroup and to the full Committee as recommendations.

This was the initial set of terms basically and there is a number of other terms that I'm sure will be coming out. So if you have any initial reactions or thoughts about additional terms that you want to mention at this point ... to do it. As I said, otherwise, we can also receive that via e-mail or at the next call have additional terms to talk about. Any kinds of initial reactions to this approach to terminology and the initial set of key terms?

Art Davidson – Public Health Informatics at Denver Public Health – Director

I can't remember if this was discussed previously in this group, because I know this was a question that came up during the Policy Committee—at least I was thinking about it—was how do you know who has accessed this? Is there an access control? Is there an audit to this entity directory or is that not necessary?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. I think that goes into probably farther describing some of the guidelines that need to be developed as part of this.

Art Davidson – Public Health Informatics at Denver Public Health – Director

So I was wondering if maybe a key term might be access control and audit as well, that's all.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. We did have some other administrative functions, as you see before the second bullet from the bottom where we thought it would be important to describe the functions. There might be some initial description, but we would not provide in my mind here the detail guidelines of the entire mechanism of how this would be, so that would be part of the actual development of the provider directories and some of the role of nationally establishing these standards for provider directories, so providing the actual guidelines for registration, editing, deleting and just other ones that you mentioned, Art, access control and audit. So I think those would be important to include certainly and we'll include them and provide some description of them. My sense is that there will be a lot more detail work to be done after this is accepted and there is the actual development of the provider directory.

Art Davidson – Public Health Informatics at Denver Public Health – Director

Sounds good. Thank you.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Any other comments on this particular set of terms? Okay. Well, the next slide, I think this is the final slide. Yes, this is basically our next steps. Just to summarize basically, what we will do is complete and refine the recommendations we just went through, sort of prepare and disseminate a refined set of materials with the input from today's call in preparation for our next call on November 12th and then be able to go through those on the 12th and agree and reach consensus on those and submit those or prepare the materials to submit to the full Information Exchange Workgroup. The meeting of the full Workgroup will happen on November 15th and then from there the recommendations will be expected to be taken to the full Policy Committee on November 19th, so I think we close the cycle that way.

That's basically all we have for today. Micky, any closing remarks or comments?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

No. This was great, Walter. Thank you.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

All right. Well, we are about nine minutes before the time, the end of the call, so I'm sure everybody will be happy to receive back those nine minutes. We will update this and send it your way and look forward to our next call on November 12th.

Judy Sparrow – Office of the National Coordinator – Executive Director

Walter, we need to just see if anybody from the public wants to make a comment.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. That's right. I'll turn it to you, Judy, then.

Judy Sparrow – Office of the National Coordinator – Executive Director

Operator, can you check with the public and see if they would like to make a comment?

Operator

We do have a question from the line of Mitan Jean with IBM.

Mitan Jean – IBM

Hello. This is Mitan Jean from IBM speaking. Thank you for giving me an opportunity to ask a question here. That really was a great presentation on the provider directory and it was really useful information. I just want to make a couple of comments here. I believe some of the work that is being presented today we have sort of taken into consideration during the development of the healthcare provider directory ... file at IHE, which got released in the August time frame of this year and it has sort of addressed some concepts of providers, clinical providers, individual providers and how do you really map them together. So I think if the group has interest they might find some of the information there very useful and pertaining to the discussion we have had today.

Also, there was some open areas in the profile that we didn't address and I was hoping that if the Policy Committee could essentially take that into consideration for their future work, which was, frankly, around the data management and administrative issues like how do you really validate those ... data sources of the data. What are the validation protocols that you would apply when the information gets spread into the directory? How do you ensure that this provider is who he is claiming to be? Also, how would you keep this information current once the data is populated? So there are a lot of data management related issues that have not been addressed in the standards and ... domain, which I believe the Policy Committee should look into and also provide some guidance on the operational management perspective, like what would be the availability of these directories and how these directories can talk to each of them. So there are some points that I think would be very useful for the public to understand from this Task Force. Thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director

Any other comments?

Operator

We do have another comment from the line of Toby Berkfetter with SSA.

Toby Berkfetter – SSA

Hello. This is Toby. I actually have taken a look at the IT healthcare provider directory as well and I just wanted to point you to the slide, 12, where you outline key terms. You might find many of those terms defined in that profile as well. I just wanted to add that to what Mitan had said.

Judy Sparrow – Office of the National Coordinator – Executive Director

Walter, any comments on that or final words?

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Yes. No. Thank you. I do have the fortune of having access to review the profile and indeed, I think those are very good points. I think the Standards Committee and the Workgroup that will be probably addressing this will certainly be looking very closely at the IHE provider directory profile to point to the standards side, but it's a very good point. We should look at the terms particularly that we're looking at defining here and make sure that we take into account certainly the definitions that have been already included in this standard profile.

I think with respect to the data management I think that's another very good comment. I think since that has been already identified as an area where policy needs to provide some guidance for standards I think we need to get into that as well.

Toby Berkfetter – SSA

We would like to offer that if you have any questions or you need clarity we are more than happy to go through any of the details that are in that profile.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Great. Thank you very much.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you. Okay. Walter, back to you.

Walter Suarez – Institute HIPAA/HIT Education & Research – Pres. & CEO

Well, thank you, everyone, for joining today's call, all of the members of our Task Force and the members of the public. We really appreciate the feedback. Again, we'll look forward to talking to you all again on November 12th. We will be reviewing our final recommendations on this topic to send back to the full Information Exchange Workgroup.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great. Thank you, everybody.

Public Comment Received During the Meeting

1. The DURSA will be a requirement to participate in ELPD?